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| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) |   | Application Number     | 10/501,880        |
|   |   | Filing Date            | December 17, 2004 |
|   |   | First Named Inventor   | Dietmar TEMMLER   |
|   |   | Art Unit               | 2818              |
|   |   | Examiner Name          | T. P. Le          |
| Total Number of Pages in This Submission  | 9 | Attorney Docket Number | 543822008000      |

| ENCLOSURES (Check all that apply)   |  |  |
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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input checked="" type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                         |          |        |
|--|-------------------------|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP |          |        |
| Signature                                  |                         |          |        |
| Printed name                               | Kevin R. Spivak         |          |        |
| Date                                       | December 4, 2006        | Reg. No. | 43,148 |